

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 1042157
FACILITY: H2-Oh-Yeah
LOCATION: 2134 C.R. 224
 Ashley, OH 43003
COUNTY: Morrow
DISTRICT: CDO

STATUS: Original
PERMIT NUMBER: 4MP00028*AM
STATION CODE: 401
MONITORING PERIOD : 2021-03-01 To: 2021-03-31
REPORTING LAB: Brookside
ANALYST: Kari Long
NO DISCHARGE INDICATOR: AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2021-03-01							
2021-03-02							
2021-03-03							
2021-03-04							
2021-03-05							
2021-03-06							
2021-03-07							
2021-03-08							
2021-03-09							
2021-03-10							
2021-03-11							
2021-03-12							
2021-03-13							
2021-03-14							
2021-03-15							
2021-03-16							
2021-03-17							
2021-03-18							
2021-03-19							
2021-03-20							
2021-03-21							
2021-03-22							
2021-03-23							
2021-03-24							
2021-03-25							
2021-03-26							
2021-03-27							
2021-03-28							
2021-03-29							
2021-03-30							
2021-03-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2021-04-20 10:04	

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SUBMISSION ID:	1042157	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	401
	Ashley, OH 43003	MONITORING PERIOD :	2021-03-01 To: 2021-03-31
COUNTY:	Morrow	REPORTING LAB:	Brookeside
DISTRICT:	CDO	ANALYST:	Kari Long
		NO DISCHARGE INDICATOR:	AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-03-01						
2021-03-02						
2021-03-03						
2021-03-04						
2021-03-05						
2021-03-06						
2021-03-07						
2021-03-08						
2021-03-09						
2021-03-10						
2021-03-11						
2021-03-12						
2021-03-13						
2021-03-14						
2021-03-15						
2021-03-16						
2021-03-17						
2021-03-18						
2021-03-19						
2021-03-20						
2021-03-21						
2021-03-22						
2021-03-23						
2021-03-24						
2021-03-25						
2021-03-26						
2021-03-27						
2021-03-28						
2021-03-29						
2021-03-30						
2021-03-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative <div style="height: 40px;"></div>	Submission Date/Time <div style="text-align: center;"> Certification Version Date 2021-04- 20 10:04 </div>
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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	1042157 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 402 2021-03-01 To: 2021-03-31 Brookside Kari Long AL
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate-Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-03-01							
2021-03-02							
2021-03-03							
2021-03-04							
2021-03-05							
2021-03-06							
2021-03-07							
2021-03-08							
2021-03-09							
2021-03-10							
2021-03-11							
2021-03-12							
2021-03-13							
2021-03-14							
2021-03-15							
2021-03-16							
2021-03-17							
2021-03-18							
2021-03-19							
2021-03-20							
2021-03-21							
2021-03-22							
2021-03-23							
2021-03-24							
2021-03-25							
2021-03-26							
2021-03-27							
2021-03-28							
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2021-03-30							
2021-03-31							
Minimum							
Maximum							
Average							
Count							
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Jeffrey Williamson						Certification Version Date 2021-04-20 10:04	

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PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-03-01						
2021-03-02						
2021-03-03						
2021-03-04						
2021-03-05						
2021-03-06						
2021-03-07						
2021-03-08						
2021-03-09						
2021-03-10						
2021-03-11						
2021-03-12						
2021-03-13						
2021-03-14						
2021-03-15						
2021-03-16						
2021-03-17						
2021-03-18						
2021-03-19						
2021-03-20						
2021-03-21						
2021-03-22						
2021-03-23						
2021-03-24						
2021-03-25						
2021-03-26						
2021-03-27						
2021-03-28						
2021-03-29						
2021-03-30						
2021-03-31						
Minimum						
Maximum						
Average						
Count						

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SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	1042157 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 403 2021-03-01 To: 2021-03-31 Brookside Kari Long AL
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate-Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-03-01							
2021-03-02							
2021-03-03							
2021-03-04							
2021-03-05							
2021-03-06							
2021-03-07							
2021-03-08							
2021-03-09							
2021-03-10							
2021-03-11							
2021-03-12							
2021-03-13							
2021-03-14							
2021-03-15							
2021-03-16							
2021-03-17							
2021-03-18							
2021-03-19							
2021-03-20							
2021-03-21							
2021-03-22							
2021-03-23							
2021-03-24							
2021-03-25							
2021-03-26							
2021-03-27							
2021-03-28							
2021-03-29							
2021-03-30							
2021-03-31							
Minimum							
Maximum							
Average							
Count							
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Jeffrey Williamson						Certification Version Date 2021-04-20 10:04	

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SUBMISSION ID: FACILITY: LOCATION:	1042157 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD :	Original 4MP00028*AM 403 2021-03-01 To: 2021-03-31
COUNTY: DISTRICT:	Morrow CDO	REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Brookside Kari Long AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2021-03-01						
2021-03-02						
2021-03-03						
2021-03-04						
2021-03-05						
2021-03-06						
2021-03-07						
2021-03-08						
2021-03-09						
2021-03-10						
2021-03-11						
2021-03-12						
2021-03-13						
2021-03-14						
2021-03-15						
2021-03-16						
2021-03-17						
2021-03-18						
2021-03-19						
2021-03-20						
2021-03-21						
2021-03-22						
2021-03-23						
2021-03-24						
2021-03-25						
2021-03-26						
2021-03-27						
2021-03-28						
2021-03-29						
2021-03-30						
2021-03-31						
Minimum						
Maximum						
Average						
Count						

Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Submission Date/Time
Jeffrey Williamson			Certification Version Date 2021-04- 20 10:04

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PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2021-03-01	1.2360	.5400	.0000				
2021-03-02							
2021-03-03							
2021-03-04							
2021-03-05							
2021-03-06							
2021-03-07							
2021-03-08	1.4745	.7000	.0000	19.87	.0088	0	.6030
2021-03-09							
2021-03-10							
2021-03-11							
2021-03-12							
2021-03-13							
2021-03-14							
2021-03-15							
2021-03-16	1606.50	.9600					
2021-03-17							
2021-03-18							
2021-03-19							
2021-03-20							
2021-03-21							
2021-03-22	2.0850	.4200	.0000	.1185		0	.5380
2021-03-23							
2021-03-24							
2021-03-25							
2021-03-26							
2021-03-27							
2021-03-28							
2021-03-29	2.2455	.3000					
2021-03-30							
2021-03-31							
Minimum	1.236	0.3	0.0	0.1185	0.0088	0.0	0.538
Maximum	1606.5	0.96	0.0	19.87	0.0088	0.0	0.603
Average	322.7082	0.584	0	9.99425	0.0088	0	0.5705
Count	5	5	3	2	1	2	2
Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>		I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>		Submission Date/Time <div style="text-align: center;"> Certification Version Date 2021-04- 20 10:04 </div>

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SUBMISSION ID:	1042157	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	602
	Ashley, OH 43003	MONITORING PERIOD :	2021-03-01 To: 2021-03-31
COUNTY:	Morrow	REPORTING LAB:	Brookeside
DISTRICT:	CDO	ANALYST:	Kari Long
		NO DISCHARGE INDICATOR:	

PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2021-03-01				.00000	.00000	.00000	
2021-03-02							
2021-03-03							
2021-03-04							
2021-03-05							
2021-03-06							
2021-03-07							
2021-03-08	25.5920	1.5	7.74				
2021-03-09							
2021-03-10							
2021-03-11							
2021-03-12							
2021-03-13							
2021-03-14							
2021-03-15							
2021-03-16							
2021-03-17							
2021-03-18							
2021-03-19							
2021-03-20							
2021-03-21							
2021-03-22	29.9710	1.5					
2021-03-23							
2021-03-24							
2021-03-25							
2021-03-26							
2021-03-27							
2021-03-28							
2021-03-29							
2021-03-30							
2021-03-31							
Minimum	25.592	1.5	7.74	0.0	0.0	0.0	
Maximum	29.971	1.5	7.74	0.0	0.0	0.0	
Average	27.7815	1.5		0	0	0	
Count	2	2	1	1	1	1	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2021-04-20 10:04	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY:
LOCATION:

H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

PERMIT NUMBER:
MONITORING PERIOD :

4MP00028*AM
2021-03-01 To: 2021-03-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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